Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at http://about.jstor.org/participate-jstor/individuals/early-journal-content.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

as potentially dangerous. Even when they are filtered or disinfected, however, careful attention is required to make sure that the process is effective. An instructive lesson on this phase of the problem was afforded by the outbreak of typhoid fever in Herkimer, N. Y., reported in the Public Health Reports last year.

Mr. Health Officer:

Has your community a safe water supply? How do you know that it is safe? Have you *recently* made a sanitary survey of the sources of the supply to make sure that it is not potentially dangerous? Do you have bacteriological tests made frequently and regularly? Do you permit a large proportion of your citizens to use water from wells which may be polluted? Is your town adequately sewered or are there still many homes with cesspools and insanitary privies? If your town is small and not provided with waterworks, it is possible that insanitary privies and unsafe methods of disposal of human excreta are polluting your wells.

Now is the time to take steps to prevent the threatened outbreak of water-borne typhoid fever:

CONJUGAL TUBERCULOSIS.

One of the earliest infectious diseases to have its bacterial cause definitely established, and easily the disease concerning which the greatest amount of scientific research, laboratory, epidemiological, clinical, and sociological, has been undertaken, tuberculosis still remains one of the chief problems confronting health authorities. Moreover, in order to secure control of this disease, it is quite imperative that correct answers be supplied to a number of important questions. Of these, perhaps the most important relates to the question of infectivity, for at the present time it is generally recognized that mere presence of the tubercle bacillus is not synonymous with infection. In this connection students of tuberculosis have repeatedly called attention to the relative infrequency of conjugal infection in tuberculosis. In the case of tuberculosis, numerous investigators have noted that phthisis in both husband and wife is very rare, despite the fact that they probably come into more intimate contact than even father and child.

Following an excellent summary of conjugal tuberculosis, Fishberg in the latest edition of his work "Pulmonary Tuberculosis" comes to the following conclusions:

> "We have dwelt on these facts because they are very important points in phthisiogenesis: (1) Tuberculous infection can only occur once; and (2) that phthisis evolves only in persons who are for one reason or another predisposed to the disease. Inasmuch as the

nonphthisical consort has already been infected with tubercle bacilli during childhood, all new opportunities for reinfection by cohabitation with a consumptive consort are of no avail to produce phthisis. It is his or her constitution that determines whether consumption will develop and not the opportunities for reinfection."

The correctness of the view expressed above has recently been challenged. In an interesting article entitled "Conjugal Tuberculosis," published in the Lancet (Oct. 4, 1919), E. Ward, M. D., tuberculosis officer for South Devon, gives the results of an inquiry extending over a period of 5 years, and relating to 156 cases in which the mate of a tuberculous husband or wife was examined. The results of these examinations are tabulated as follows:

CHART I. *Results of examination of contacts of tuberculous patients, husband and wife.*

	Number examined.	Tuberculous.	Suspect.	Negative.	Percentages.		
					Tuberculous.	Suspect.	Negative.
Wives (husband first notified)	120	66	12	42	55	10	35
Husbands (wife first notified)	36	25	4	7	69	11	20
Total	156	91	16	49	58	10	32

"In deciding to which category a contact belongs, the examination was not made so punctiliously that few could escape the net; two or more definite indications were required. Crepitations at one apex alone would not be called tuberculosis, but crepitations at one apex, plus a history of hæmoptysis, would be so called. Similarly dullness and crepitations at one apex would be classed as tuberculosis; and also failing health, hæmoptysis, and dullness, with crepitations, at one base. If the signs found were suggestive, but not sufficiently conclusive, the contact was classed as suspect.

"Comparing now the results of examining contacts other than husband and wife; out of 1,067 examined, 219 were tuberculous, 284 suspect, and 564 negative; or, roughly, 20 per cent, 27 per cent, and 53 per cent (Chart II). Taking as a further control the contacts of cases seen for an opinion and diagnosed nontuberculous, either at the time of the first visit or later, out of 81 examined, 4 are found to be tuberculous, 7 suspect, and 70 negative; or in percentages, 5 per cent, 8 per cent, and 87 per cent (Chart III). Cases of definite surgical tuberculosis, and their contacts, are included, but the number of such cases was relatively small."

Chart II. Results of examination of contacts of tuberculous patients other than husband or wife.

Number examined		1,067
Tuberculous	219	
Suspect	284	
Negative	564	
Percentages:		
Tuberculous		20
Suspect		27
Negative		53

Chart III. Results of examination of contacts of nontuberculous patients, including husband or wife.

Number examined		81
Tuberculous	4	
Suspect	7	
Negative	70	
Percentages:		
Tuberculous		5
Suspect		8
Negative		87

After discussing the results of this investigation, the author concludes as follows:

"Well knowing the difficulties in the way of any statistical investigation such as this, I make no claim that the present contribution is a final settlement of the question, but am sure that this important subject should be reconsidered in the light of the greatly increased material now available. On the opinion generally held regarding infection the success or failure of all our antituberculosis work depends. Either we take the fatalistic view of a universal infection and family predisposition (I almost wrote predestination), and therefore direct our efforts to help the tuberculous individual, or we look upon the disease as infectious, and take means to prevent it by isolating highly infective cases, there being as yet no method of universal vaccination against tuberculosis. I estimate that over 50 per cent of all cases seen are due to direct personal infection, and am therefore a strong advocate of preventive measures."

With the large number of well-organized tuberculosis clinics at work in this country, it should not be difficult to obtain a large amount of accurate statistical information to determine which view represents the true condition. Further studies along this line are certainly desirable, for the question at issue involves one of the most fundamental points in the whole tuberculosis campaign.

DIVISION OF VENEREAL DISEASES, NOVEMBER 1–DECEMBER 31, 1919.

The accompanying table covers the activities of 253 of the clinics operating under the joint control of the United States Public Health Service and State boards of health, for the months of November and December, 1919.

This table shows that during that time there were 17,925 new admissions, making a total of 52,343 under treatment. There were 236,036 treatments administered to the patients under the care of these clinics, of which 41,848 were the administration of arsphenamine.

A table showing the number of cases of venereal diseases reported by State boards of health for November and December, 1919, is also given.